

## Division of Health Care Facilities

4502 4/10/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN4501	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  02/23/2011
NAME OF PROVIDER OR SUPPLIER  JEFFERSON CITY HEALTH AND REHAB CENT			STREET ADDRESS, CITY, STATE, ZIP CODE 283 W BROADWAY BLVD JEFFERSON CITY, TN 37760		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 832	1200-8-6-.08(2) Building Standards  (2) The condition of the physical plant and the overall nursing home environment must be developed and maintained in such a manner that the safety and well-being of residents are assured  This Rule is not met as evidenced by: Based on observation and interview, the facility failed to assure the building was maintained to ensure the resident's safety and well being. The findings include: Observation with the Maintenance Director on February 23, 2011 at 1:15 p.m. above the ceiling tiles in the corridor by room 620 revealed water damaged sheetrock, 1-foot in diameter, ceiling with a black mold-like substance in the center. Interview with the Maintenance Director on February 23, 2011 at 1:15 p.m. indicated he thought the roof leak had been fixed.		N 832	<i>"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</i>  N832  1. The roof leak was repaired on 2/24/11. Damaged drywall and ceiling tile will be repaired/replaced. This will be completed by 3/14/11  2. Maintenance personnel checked for leaks on 2/28, 3/9 and 3/10/11 with ceiling/wall repairs as needed.  3. Monthly roof and ceiling audits will be done by maintenance personnel for three months and quarterly roof and ceiling audits will be placed on the quarterly maintenance checklist. Maintenance personnel were educated on 3/11/11 by the Administrator to accomplish these audits and to make the necessary repairs as damage occurs.  4. Findings of these audits will be reported to the Quality Assurance Committee by the Maintenance Director for three months or until the committee determines compliance is reached.	3/21/11
N1411	1200-8-6-.14(2)(a)5.(iii) Disaster Preparedness  (2) Physical Facility and Community Emergency Plans  (a) Physical Facility (Internal Situations).  5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.  (iii) Bomb Threat Procedures Plan, to be		N1411		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

Administrator

(X6) DATE

3/11/11

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N1411	Continued From page 1  exercised at any time during the year:  (I) Staff duties by department and job assignment; and,  (II) Search team, searching the premises.   This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure a bomb threat drill was exercised annually. The findings include: Interview with the Maintenance Director and record review on February 23, 2011 at 9:15 a.m. confirmed the facility failed to perform a tornado drill annually. There was no documentation provided to indicate a bomb threat drill or inservice training was conducted in the past year		N1411	<p><i>"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."</i></p> <p>N 1411</p> <p>1. Staff was in-serviced on the conduct of the Bomb Threat Policy by the SDC on 3/11/11.</p> <p>A bomb threat drill will be conducted on 3/14/11 and documented.</p> <p>2. Records of drills were audited by the Maintenance Director on 2/28/11 to insure required drills have been accomplished.</p> <p>3. Audits of emergency drills were added to the monthly maintenance checklist. Maintenance personnel were educated by the Administrator on 3/11/11 to accomplish bomb drills annually.</p> <p>4. Performance of the bomb drill will be reported by the Maintenance Director to the Quality Assurance Committee to determine if further action is needed.</p>	3/21/11